Health Care for Transgender Men: What Is Missing in OB/GYN Care?

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Objective: Transgender men (TGM) are those who identify their sex as male but were assigned female at birth who face marginalization in obstetrics and gynecology (OB/GYN) practices. The following commentary highlights recommendations for creating inclusive OB/GYN spaces and improving outcomes for TGM patients.

Methods: The commentary is written in a call to action style using previously published literature about treatment and guidelines for care of transgender patients to highlight recommendations for creating inclusive OB/GYN spaces for TGM. The GLMA Handbook on LGBT Health and The UCSF Transgender Care Web site were among the resources used to gather information on transgender patient inclusivity in health care settings.

Results: Supporting literature was collected that reinstates the need to include framing questions specific to the TGM population during history-taking, creating inclusive clinic settings, and enhancing health care provider training in TGM care.

Conclusions: It is important for TGM who have a vagina, cervix, and/or uterus to have routine gynecological screenings. However, the lack of gender inclusive care in OB/GYN clinics presents a barrier for many TGM and the recommendations emphasized in this commentary will increase sensitivity for the TGM patient population and decrease their marginalization in health care settings.

Key Words: transgender persons, gynecology, ambulatory care, male, health care disparities, gender identity

(*J Low Genit Tract Dis* 2020;24: 232–233)

The term transgender (TG) applies to those who identify as a sex different from the one assigned at birth. Transgender patients are a subset of the population who have faced years of marginalization in health care. Up to 28% of TG patients postpone their health care needs due to fear of discrimination.[1] Many TG individuals choose to undergo medical intervention; however, limited access to resources and care can restrict their options.[1] Thus, it is important for health care providers to be receptive to the individual needs of TG patients based on their lived experiences and sex expression. Transgender men (TGM) are individuals who identify as male yet were assigned female at birth. They may elect to undergo medical transition to bring their physical appearance in line with their sex identity. Transgender men patients may need the following routine health screenings: pelvic organ screenings if they are retained; routine hormone therapy (HRT); and, monitoring the effects of long-term transition interventions, such as HRT and other sex-affirming medical interventions. The purpose of this commentary is to illustrate the obstetrics and gynecology (OB/GYN) needs of TGM patients and highlight recommendations for inclusion in OB/GYN settings.

The following 3 key issues of concern related to the care of TGM patients in OB/GYN settings include: (*a*) language and framing of questions when talking with TGM patients, (*b*) inclusive environments within OB/GYN settings, and (*c*) the lack of gynecology education unique to TGM needs.

Although TGM with retained gonadal organs need the same routine pelvic screenings as cisgender women, screening questions are different and need to be tailored to the unique experiences of TGM patients. Transgender men may have sexual relationships with partners from a spectrum of identities (such as cisgender males/females, TG individuals, and other gender nonconforming identities) and may engage in oral, anal, penetrative, and other forms of sex with and without protection highlighting the need for providers to be comfortable asking sexual history questions to assess the need for anal cytology screening (i.e., "Have you ever had anal sex?") and other sexual health screenings with sensitivity and respect.[2] It is imperative for TGM to receive comprehensive care based on their lived experiences as well as anatomical organs present.

Because many OB/GYN patient populations are cisgender women, OB/GYN environments often exclude noncisgender patients. In TGM patients, it is important to identify anatomy by name (i.e., vagina, cervix, uterus) instead of assuming a specific function (reproductive organs) or sex (female parts) to increase inclusivity in practice. Many clinics solely validate the cisgender female identity, excluding others. Studies have shown that having the fear of discrimination in primary care provider settings can lead to poorer general health among transgender patients.[3] Thus, creating spaces where TGM patients feel that their identity is validated is of great importance. Examples of creating inclusive spaces include (*a*) forms that ask patients for their pronouns and gender identity,[4] (*b*) visual images portraying pelvic organs in both cisgender female and TGM patients, and (*c*) including prenatal and postnatal care for pregnant TGM in patient education materials.[5]

A survey of 141 gynecologists primarily among academic institutions responded that 29% of providers felt comfortable addressing the health care needs of TGM patients.[6] There was a lack of response from providers outside of academic institutions, which illustrates a gap in understanding the attitudes of private practice providers and nonacademic institution–associated OB/GYN settings. Furthermore, most respondents to the survey were providers in the northeastern United States, leaving a gap in responses from providers practicing in southern states below the border of North Carolina. This is concerning because various populations with intersectional identities in the southern United States experience numerous health disparities. New guidelines published in the *Annals of Internal Medicine* emphasize the need for cancer screenings among present reproductive organs as well as continued monitoring of changes associated with HRT.[7] Because HRT may continue across the lifespan and may affect pelvic anatomy, it is essential that health care providers are equipped to screen and treat accordingly such as addressing vaginal atrophy, fertility changes, uterine cancer risk, and other long-term changes.[8] Continuing education is crucial in caring for patients who have been medically transitioning throughout the life span. All gynecology providers need to have the education to comfortably care for their TGM patients.

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The authors have declared they have no conflicts of interest.

This study was supported by Morehouse School of Medicine Summer Scholars in the Community Program.

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DOI: 10.1097/LGT.0000000000000507

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Increased recognition, visibility, and health care provider education in treating TGM patients in OB/GYN settings may reduce the health disparities and discrimination currently experienced among this historically invisible population. With increased sensitivity, we can work to improve health outcomes for TGM who are often overlooked and marginalized by the current health care system.

REFERENCES

1. Houssayni S, Nilsen K. Transgender competent provider: Identifying transgender health needs, health disparities, and health coverage. *Kans J Med* 2018;11:1–18.
2. Woodland MB, Callanan L, Schnatz P, et al. Gynecologic screening for men in an OBGYN resident community outreach clinic: the transgender care experience. *J Lower Genital Tract Dis* 2018;22:333–5.
3. Seelman KL, Colón-Diaz MJP, LeCroix RH, et al. Transgender noninclusive healthcare and delaying care because of fear: connections to general health and mental health among transgender adults. *Transgender Health* 2017; 2:17–28.
4. Bruessow D, Ng H, Wilson-Stronks A. When a welcoming health care environment matters most. In: Schneider J, Silenzio B, Erickson-Schroth L, eds. *The GLMA Handbook on LGBT Health, Volume 2: Health Matters and Global Challenges*. Santa Barbara, CA: Praeger; 2019:211–21.
5. Deutsch MB. Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people. *UCSF Transgender Care* 2016.
6. Unger CA. Care of the transgender patient: a survey of gynecologists' current knowledge and practice. *J Womens Health (Larchmt)* 2015; 24:114–8.
7. Safer JD, Tangpricha V. Care of the transgender patient. *Ann Intern Med* 2019;171:ITC1–16.
8. Irving A, Lehault WB. Clinical pearls of gender-affirming hormone therapy in transgender patients. *Mental Health Clinician* 2018;7:164–7.

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